DOCUMENT RESUME

ED 429 724 PS 027 549

TITLE Student Health Partnership Planning Guide: 1999-2000.

INSTITUTION Alberta Dept. of Education, Edmonton.

ISBN -0-7785-0552-9

PUB DATE 1999-04-00

NOTE 51p.

AVAILABLE FROM Student Health Initiative, Project Manager, 11160 Jasper

Avenue, Edmonton, Alberta, Canada T5K 0L2; Tel: 780-422-6326; Fax: 780-422-2039; Web site:

http://ednet.edc.gov.ab.ca

PUB TYPE Reports - Descriptive (141)
EDRS PRICE MF01/PC03 Plus Postage.

DESCRIPTORS *Child Health; Children; Comprehensive School Health

Education; *Financial Support; Foreign Countries; Health Promotion; *Integrated Services; *School Health Services;

State Programs

IDENTIFIERS Alberta; School Based Services

ABSTRACT

The Student Health Initiative is a joint initiative of the Canadian provincial government partners of Education, Health, Family, and Social Services; the Alberta Mental Health Board; the Child and Family Services Secretariat; and Community Development. The initiative is designed to strengthen the capacity to deliver health and related support services to children with special health needs registered in school programs. This document summarizes funding information and outlines student health initiative principles and joint service planning as well as annual reporting requirements. Part 1 describes the Student Health Initiative, including the purpose of the program, the principles for the program's operation, and the partnership. Part 2 outlines procedures for accessing funding and details eligible (and ineligible) service categories, types of eligible services, eligible service providers, eligible (and ineligible) costs. Part 3 details the required components of the joint service plan, development and submission procedures, support documents, and review and approval procedures. Part 4 describes the joint annual report, including the required components, development and submission procedures, and the review process. Six appendices include required components of the joint service plan, relevant forms, and acknowledgments. (KB)

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Planning Guide: 1999 - 2000

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Office of Educational Research and Improvement EDUCATIONAL RESOURCES INFORMATION

CATALOGUING IN PUBLICATION DATA

Alberta Children's Initiative.

Student health partnership planning guide: 1999/2000.

Note: Student health is a joint initiative of the provincial government partners of Education, Health, Family and Social Services, the Alberta Mental Health Board (formerly the Provincial Mental Health Advisory Board), the Child and Family Services Secretariat, and Community Development.

ISBN 0-7785-0552-9

- 1. Students Health and hygiene Alberta. 2. Health Education Alberta.
- 3. Medical policy Alberta. 4. Health planning Alberta.
- I. Title. II. Alberta. Alberta Education. III. Alberta. Alberta Health.
- IV. Alberta. Alberta Family and Social Services. V. Alberta Child and Family Services Secretariat.
- VI. Alberta. Alberta Community Development. VII. Alberta Mental Health Board

RA 185.A3.A333 1999

362.1/097123

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Available for downloading from any of the following government partners' websites:

http://ednet.edc.gov.ab.ca http://www.health.gov.ab.ca/ http://www.gov.ab.ca/fss/ http://www.pmhab.ab.ca http://www.gov.ab.ca/cfss

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STUDENT HEALTH INITIATIVE PARTNERS

The Student Health Initiative announced on March 17, 1999 provides \$25.6 million annually to build strong partnerships that will strengthen our collective capacity to deliver health and related support services to children with special health needs registered in school programs.

Student Health is a joint initiative of the provincial government partners of Education, Health, Family and Social Services, the Alberta Mental Health Board (formerly the Provincial Mental Health Advisory Board), the Child and Family Services Secretariat, and Community Development.

On behalf of the provincial government partners we are pleased to provide you with the following information to assist in the successful implementation of the Student Health Initiative:

- list of the regional information sessions
- copy of the Student Health Partnership Planning Guide: 1999/2000 (also available for downloading from the government partners' web sites, as noted on the inside cover)
- two-page funding information sheet
- list of the 1999/2000 government's student health initiative funding to be pooled in student health partnerships
- draft Matrix of Authority Boundaries to assist in the formation of the student health partnerships
- list of charter schools, private schools and private ECS operators to assist in the formation of the student health partnerships.

We are focusing government resources where they are most effective — at the community level. Those who work closely with the children and students must make the decisions.

We appreciate and look forward to your ongoing collaborative support to successfully enhance the access and delivery of integrated health and related support services for children with special health needs registered in school programs.









REGIONAL INFORMATION SESSIONS

All partners are being invited to one of six Student Health Initiative Regional Information Sessions to be held across the province in April:

•	Calgary	April 13, 1999	(1pm – 4pm)	Glenmore Inn Convention Centre 2720 Glenmore Trail SE
•	Lethbridge	April 14, 1999	(9am – 12pm)	RC Separate School Div. #4 Board Office, 534 – 18 Street S
•	Edmonton	April 15, 1999	(10am – 1pm)	Inn on 7 th Courtyard 2, 10001 – 107 Street
•	Red Deer	April 19, 1999	(10am – 1pm)	Red Deer Library Snell Room, 4818 – 49 Street
•	Grande Prairie	April 20, 1999	(10am – 1pm)	AADAC Northern Addictions Ctre. 11333 – 106 Street
•	St. Paul	April 22, 1999	(10am – 1pm)	Elks Hall 5007 – 51 Street

If you need further information, please do not hesitate to contact Mr. Brian Kearns, Student Health Initiative, Interim Project Manager at (780) 415-0085; toll-free in Alberta by dialling 310-0000 or e-mail brian.kearns@gov.ab.ca.







Message from the Partners

On behalf of the provincial government partners — Education, Health, Family and Social Services, the Alberta Mental Health Board (formerly the Provincial Mental Health Advisory Board), the Child and Family Services Secretariat, and Community Development — we are committed to looking for new and better ways of working together to plan and deliver coordinated services for children to enable them to achieve their potential.

The Alberta Children's Initiative: An Agenda for Action reflects the Government of Alberta's commitment to ensure Alberta's children are well cared for, safe, successful at learning and healthy. To achieve these goals, interdepartmental initiatives are being developed and implemented to support areas identified as immediate priorities, including Fetal Alcohol Syndrome, Protection of Children Involved in Prostitution, Children's Mental Health and Student Health.

The Student Health Initiative announced on March 17, 1999 provides \$25.6 million annually to build strong partnerships that will strengthen our collective capacity to deliver health and related support services to children with special health needs registered in school programs.

We are focusing government resources where they are most effective — at the community level. Those who work closely with the children and students must make the decisions.

We are pleased to provide this Student Health Partnership Planning Guide which provides a summary of funding information and outlines student health initiative principles and joint service planning and annual reporting requirements.

Our children are our future. We now invite you to share joint accountability to successfully enhance the access and delivery of integrated health and related support services for children with special health needs registered in school programs.



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1. Student Health Initiative

1.1 BACKGROUND

The 1998–2001 Government of Alberta Business Plan includes a goal that government will "support communities in developing integrated or collaborative approaches to meeting the needs of children . . . and introduce health strategies to address priority health issues."

Integrated service delivery is essential to support the healthy development of Alberta's children. Integration at the community, regional and provincial levels means that children and families experience easy access to services and resources. In any given service or program, integration requires a combination of communication, cooperation, coordination and collaboration among service providers and government ministries.

To support the integration of services for children, the Child and Family Services Secretariat facilitated the development of the Alberta Children's Initiative: An Agenda for Joint Action, identifying student health as one of the priorities. It is recognized that to ensure children are well cared for, safe, successful at learning and healthy, greater collaboration and coordination is required and all partners must be accountable for the successful achievement of these goals. These goals do not stand by themselves. Children will have educational success only if they are healthy, safe and well cared for. Similarly, children can be considered healthy and well cared for, only if they are educated and safe.

The Student Health Initiative responds to needs identified in government-sponsored, inter-sectoral student health research projects conducted in 1996/1997 in the geographical areas of the Chinook, Mistahia, Aspen and Headwaters Regional Health Authorities. The project reports identify longstanding issues regarding the provision of student health services, such as insufficient funding, fragmented service delivery, multiple service providers, and the lack of mechanisms for joint planning, funding and accountability.



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The Student Health Initiative also responds to the increased number of children in school with significant health needs, who require a range of health and related support services. Factors contributing to this include:

- increased survival rate of premature and low birth-weight infants
- better identification of health and learning problems related to maternal tobacco, drug and alcohol use
- improved medical technology and pharmaceuticals resulting in increased survival rates of high risk and medically fragile infants and children
- inclusion of children with significant special needs in local schools.

1.2 Purpose

Student Health is a joint initiative of the provincial government partners of Education, Health, Family and Social Services, the Alberta Mental Health Board (formerly Provincial Mental Health Advisory Board), and Child and Family Services Secretariat, with the recent addition of Community Development to facilitate the local planning process for student health services.

The goal of the Student Health Initiative is to enhance the provision of a range of integrated health and related support services for children with special health needs registered in school programs and improve access to these services. The initiative will help ensure that children with special health needs are able to participate fully in their education programs and attain their potential.

In the Student Health Initiative, children with special health needs are those children who:

- have physical disabilities, developmental disabilities, neurological disorders, sensory impairments, medical conditions, and/or emotional/behavioural disabilities; and
- are registered in school programs from Early Childhood Services (ECS) to Grade 12.

Children with Special Health Needs

- have physical disabilities, developmental disabilities, neurological disorders, sensory impairments, medical conditions, and/or emotional/behavioural disabilities; and
- are registered in school programs from Early Childhood Services (ECS) to Grade 12.



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Student Health Services

- ✓ speech-language therapy
- ✓ physical therapy
- ✓ occupational therapy
- ✓ audiology
- ✓ respiratory therapy
- ✓ nursing
- emotional/ behavioural supports; e.g., psychological, social work and behavioural intervention

Student health services include, but are not limited to:

- rehabilitation (speech-language therapy, physical therapy, occupational therapy, audiology and respiratory therapy)
- nursing
- emotional/behavioural supports; e.g., psychological, social work and behavioural intervention.

Students and children eligible to receive student health services are those who are registered in any of the following:

- public school program (provided by public or separate school jurisdictions, or charter schools)
- private school programs
- private ECS operator programs
- institutional education programs
- homebound programs and home schooling programs
- alternative programs, such as virtual, blended, outreach.

1.3 STUDENT HEALTH INITIATIVE PRINCIPLES

The partners — Education, Health, Family and Social Services, the Alberta Mental Health Board, the Child and Family Services Secretariat, and Community Development — endorse the following principles to guide the planning, delivery and funding of student health services.

- Children with special health needs receive the health and related support services they need to benefit fully from their education programs and attain their potential.
- Children and families are involved in decisions regarding the provision of student health services.
- Student health services involve joint planning, collaboration and flexibility at all levels.
- Student health services are based on assessed needs and provided to achieve specific results.
- Alberta Education, Health, and Family and Social Services will ensure resources are available for student health services.
- Joint service plans at the local level must commit to continue existing expenditures for student health and show how new and existing resources are consolidated to provide student health services.
- Student health services are organized to make the most efficient and effective use of new and existing resources.
- School authorities, regional health authorities, regional offices of the Alberta Mental Health Board and child and family services authorities share accountability for student health services.



Student Health Partnership

The student health partnership must include at least one partner from each of the following:

- school jurisdictions (public and separate)
- regional health authorities
- regional offices of the Alberta Mental Health Board
- child and family services authorities.

Note:

It is expected that other school authorities (charter schools, private schools, private ECS operators) will be part of a student health partnership.

1.4 STUDENT HEALTH PARTNERSHIP

The Student Health Initiative supports communities in their efforts to build a network of support for children with special health needs registered in school programs.

Local service providers — school jurisdictions, regional health authorities, regional offices of the Alberta Mental Health Board and child and family services authorities — are expected to form a student health partnership and work together, with other relevant stakeholders, to develop a joint service plan.

It is expected that other school authorities (charter schools, private schools, private ECS operators) will be part of a student health partnership.

The joint service plan will outline local priorities and how the student health partnership plans to:

- improve the provision of integrated health and related support services for children with special health needs registered in school programs
- help ensure that children with special health needs are able to participate in their school programs and attain their potential.

To facilitate the initial formation of the student health partnership, it is expected that school jurisdictions will collaborate in taking the lead to bring together the partners. In order to develop and submit the joint service plan by no later than November 1, 1999 authorities should form a partnership as soon as possible.

2. Student Health Funding

The Student Health Initiative will provide \$25.6 million annually to enhance the provision of a range of integrated student health services so children with special health needs are better able to learn at school.

This Student Health Initiative funding represents new government dollars and is separate from the education funding for students with special needs, which is currently provided to school authorities, as outlined in Alberta Education's Funding Manual for School Authorities.



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2.1 Accessing Student Health Funding

In spring 1999, all partnering authorities will be notified as to the student health funding allocation which is available commencing September 1 of the 1999/2000 school year. For administrative efficiency Alberta Education, on behalf of the provincial government partners, allocates the student health funding to school authorities on a school year basis.

The student health funding allocation may only be accessed if partners join together and form a student health partnership. The funding must be pooled and used as a shared resource by the student health partnership to address priority student health needs. All partners need to be involved in decisions relating to the distribution of the pooled funding, based on the partnership's approved joint service plan.

Upon government's approval of the student health partnership's joint service plan (see pages 7-13 for more information on the plan), Alberta Education will release the student health funding allocation to the school jurisdiction designated by the student health partnership as the "banker" to receive and administer the funds allocated on behalf of the partnership.

Government approval of release of the student health funding is contingent upon the following conditions:

- commitment to use the new funding for health and related support services for children with special health needs registered in school programs
- commitment by all partners in the Student Health Initiative to maintain current levels of expenditures on student health services, with the flexibility for partners to allocate other funds to support integrated student health services
- consolidation of new and existing resources to improve the provision of student health services
- commitment by the student health partnership to annually report on the allocation of new and current funding for health and related support services, and achievement of results
- commitment by the student health partnership that any student health surplus funds are used for student health services only
- joint management of student health, at the local level, by the student health partnership based on the approved joint service plan.

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2.2 ELIGIBLE HEALTH SERVICES AND COSTS

Eligible Service Categories

- speech-language therapy
- physical therapy
- occupational therapy
- audiology
- respiratory therapy
- nursing
- emotional/behavioural supports; e.g., psychological, social work, behavioural intervention

Types of Eligible Services

- assessment
- consultation
- program development
- direct therapy
- counselling for emotional/behavioural issues
- program implementation
- inservicing and supervision
- case conferencing
- service coordination
- referral and follow-up
- monitoring and evaluation
- family liaison
- services provided in the summer where identified as necessary in the student's education Individualized Program Plan

Eligible Service Providers

- professional staff trained in a specific discipline; e.g., occupational therapist, social worker
- paraprofessionals trained in a specific field and working with many students under the direction of professional staff;
 e.g., speech-language aide
- teaching assistants working with students with special needs, under the direction of professional staff, and implementing program plans developed by professional staff



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Eligible Costs

- human resources (costs directly related to the delivery of student health services; i.e., salary/contract, employee benefits, travel, training). The service delivery component of the new student health funding can not include any administration costs.
- student health administration (costs associated with the administration of student health services such as secretarial support, accounting costs for the preparation and submission of all required forms, travel costs for partnership meetings, administration overhead)
 - Funding for the Student Health Initiative includes a component for administration costs equivalent to
 4.5 per cent of the funding allocation. The administration funding is to be shared among all partners in the student health partnership. Any administration costs exceeding the 4.5 per cent allocation will be borne by the partnership.

Ineligible Service Categories

• population or public health services; e.g., immunization, dental health, reproductive health

Ineligible Costs

- construction/purchase of land or buildings
- technical aids, adaptive equipment/devices for students
- school food programs
- child care costs
- transportation fees
- purchase/lease of vehicles

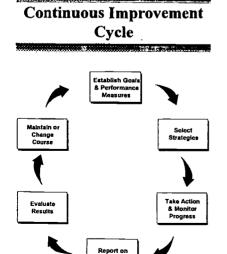
3. Joint Service Plan

Joint service planning and annual reporting occurs as a continuous improvement cycle.

3.1 REQUIRED COMPONENTS

The joint service plan must be a concise document of about 10 pages that is prepared collaboratively by the student health partnership and describes the way student health services will be delivered to the students in need.

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From Achieving Accountability in Alberta's Health System, by Alberta Health, November 1998. Reprinted with permission.



Student Health Partnership Planning Guide: 1999/2000

Required Components of the Joint Service Plan

- 1. Statement of Accountability
- 2. Student Health Partnership Profile
- 3. Student Health Needs
- 4. Service Priorities
- 5. Goals
- 6. Performance Measures and Targets
- 7. Strategies
- 8. Financial Plan

Approval of the joint service plan will be based on evidence of the student health partnership's commitment to the student health principles (outlined on page 3) and the following eight required components:

- 1. Statement of Accountability
- 2. Student Health Partnership Profile
- 3. Student Health Needs
- 4. Service Priorities
- 5. Goals
- 6. Performance Measures and Targets
- 7. Strategies
- 8. Financial Plan.

Appendix A, page 17 summarizes the required components.

Statement of Accountability

The statement of accountability:

- is signed by the CEO or equivalent of each of the partners in the student health partnership (school jurisdiction, regional health authority, regional office of the Alberta Mental Health Board, and child and family services authority, and other school authorities – charter schools, private schools, and private ECS operators)
- confirms the accuracy of the information contained in the plan
- confirms the student health partnership's commitment to carry out the terms and conditions of the joint service plan to the best of the partnership's ability.

Student Health Partnership Profile

The profile must include the:

- operating name of the student health partnership and mailing address
- identification of each partner involved in developing and implementing the joint service plan school jurisdictions (public and separate), regional health authorities, regional offices of the Alberta Mental Health Board, child and family services authorities, and other school authorities (charter schools, private schools, and private ECS operators)
- identification of other relevant stakeholders in the student health partnership
- identification of the school jurisdiction which is designated as the recipient ("the banker") for the student health partnership's funding allocation
- vision and principles guiding the student health partnership



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Freedom of Information and Protection of Privacy Act

The FOIPP Act controls the manner in which personal information is collected, used and disclosed. The data submitted in the joint service plan are not intended to be personal information. Personal information is defined as recorded information about an identifiable individual.

Goals

Two required goals are:

- school-aged children with special health needs have access to a range of coordinated health and related support services to meet their needs
- school-aged children with special health needs are able to participate fully in their school programs and attain their potential.

Student Health Needs

The student health partnership must determine student health needs by identifying the:

- number of students assessed with mild/moderate disabling conditions or with severe disabling conditions
- critical risks and needs based on an analysis of the current caseload
- service gaps
- current level of expenditures on student health services by each of the partners
- number of students who received student health services during the 1998/1999 school year
- student health and related support service needs which have not been met.

Service Priorities

The service priorities, based on an assessment of student health needs and service gaps, must identify:

- which needs, within the range of student health services, will be addressed in the initial plan
- the essential characteristics of the service delivery model;
 e.g., a coordinated approach to service delivery with strong partnerships and stakeholder consultation in determining priorities.

Goals

The goals are broad statements of desired results or what the student health partnership wants to accomplish. At a minimum, two required goals are:

- 1. school-aged children with special health needs have access to a range of coordinated health and related support services to meet their needs
- 2. school-aged children with special health needs are able to participate fully in their school programs and attain their potential.

Additional goals should be identified to address service priorities and student health needs specific to the student health partnership.



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Performance Measures

Two required performance measures are:

- percentage of students with special health needs who are provided services
- number of students who achieve the goals of their education Individualized Program Plans (IPPs).

Strategies

Strategies must identify how the student health partnership will result in:

- improved access to a range of coordinated student health services
- better coordination of student health services for children registered in school programs.

Performance Measures and Targets

The performance measures provide information about the achievement of goals. Targets identify the performance measure levels that are expected to be achieved within the 1999/2000 school year and as a part of the continuous three-year planning cycle.

In the 1999/2000 school year, two required performance measures and targets (outputs) are:

- 1. percentage of students with special health needs who are provided services, with a target of an increase in the percentage of students served
- 2. number of students who achieve the goals of their education Individualized Program Plans (IPPs), with a target of an increase in the number of students who achieve the goals of their IPPs.

The student health partnership may develop additional performance measures to address outcomes such as:

- access to a range of services
- continuous quality improvement of best practices
- improvement of overall educational achievement
- stakeholder satisfaction
- improved coordination of services across stakeholders.

All identified performance measures should have targets. For example, if the performance measure is "to determine the parents' ratings of the quality of student health services their children received," the target might be that 90 per cent of the parents rate the services their children received as being good or excellent.

Strategies

The strategies are broad descriptions of actions to accomplish short to medium-term (one to three years) goals of the student health partnership. Strategies should be achievable within available resources, and address identified needs, issues and areas for improvement.

To address the delivery of services, strategies must identify how the student health partnership will result in:

- improved access to a range of coordinated student health services
- better coordination of student health services for children registered in school programs.



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In addition to strategies to deliver student health services, it is anticipated that, in the initial school year of 1999/2000, the emphasis will be on developing processes needed to successfully manage student health service delivery and planning. Therefore, initial strategies must address the:

- development of partnerships, including decision-making processes and reporting mechanisms
- assessment of needs and current resources
- establishment of consultation processes with communities, families and other service providers
- development of processes for monitoring and evaluation, and management and information systems
- development of dispute resolution processes.

Financial Plan

The financial plan must be submitted with the joint service plan and demonstrate accountability by reporting costs for student health service delivery.

The financial plan must include completed Forms 1 and 2 (Appendices B and C, pages 18 and 19). These forms may be supplemented with any additional information that strengthens the linkage between financial information and the joint service plan.

Please note:

Prior to filling out Forms 1 and 2, it is important to note the following.

- * Students who receive more than one student health service should be reported under each eligible service category.
- * Teaching assistants are a unique service provider group. Since teaching assistants may spend only a portion of their time providing student health services, school authorities may wish to estimate their costs by using a percentage. The suggested guide is that 25 per cent of a teaching assistant's time is spent providing health and related support services to students with special health needs in the classroom. For future reporting purposes, and based on actual expenditures during the 1999/2000 school year, the partnership must determine if the estimated percentage accurately reflects the portion of teaching assistant time spent on providing student health services.



Form 1: Student Health Services Financial Planning Report

- Each partner (as defined on page 4) must complete and submit this form with the joint service plan.
- The form provides data on the estimated student health service delivery costs for the 1998/1999 school year for those students who are registered in school programs in the student health partnership. See Appendix B, page 18 for the form.

Form 2: Student Health Partnership Consolidated Financial Planning Report

- The student health partnership must complete and submit this form with the joint service plan.
- The form consolidates the information reported by each partner on Form 1.
- It provides a summary of the estimated student health service delivery costs for the 1998/1999 school year and projected student health service delivery costs for the 1999/2000 school year.
- The form provides a reconciliation of the funding sources to be used by the student health partnership to cover the projected student health service delivery costs for the 1999/2000 school year.
- Surpluses can be carried forward to the next school year, but deficits are not permitted. See Appendix C, page 19 for the form.

3.2 DEVELOPMENT AND SUBMISSION

The joint service plan is developed for the 1999/2000 school year (September 1 to August 31) and also should broadly reflect a three-year planning cycle to August 31, 2002.

The 1999/2000 joint service plan will emphasize the early stages of the continuous improvement cycle; i.e., establish goals and performance measures, select strategies, take actions.

As the joint service plan is developed for each new school year, progress relating to actions will be monitored, results will be reported and evaluated, and areas for continuous improvement will be identified by the student health partnership.

The joint service plan needs to be submitted to the Student Health Initiative project manager by November 1, 1999. The joint service plan must include the eight required components. Omission of any of these may result in a delay in the approval process.

Joint Service Plan Submission

Student Health Initiative Project Manager 11160 Jasper Avenue Edmonton, Alberta T5K 0L2

Joint Service Plan Due Date

Year 1: November 1, 1999

• Future: May 31



A joint service plan submitted by July 1, 1999 will allow for review and approval by partnering ministries and the release of the funds for September 1999.

Any student health partnership that submits a joint service plan after November 1, 1999 can not be guaranteed the full funding allocation for the 1999/2000 school year.

All subsequent joint service plans are due by May 31.

3.3 SUPPORT TO STUDENT HEALTH PARTNERSHIP

The development of joint service plans is being supported in the following ways.

- Six information meetings about the Student Health Initiative will be held throughout the province in April 1999.
- Staff from Alberta Community Development are available, upon request, to assist as facilitators during the development process. See Appendix D, page 20, for a list of contacts.
- The Student Health Initiative project manager is available to provide further information and support. (See sidebar.)

3.4 REVIEW AND APPROVAL

The review and approval of the joint service plan will be conducted by the provincial government partners — Education, Health, Family and Social Services, the Alberta Mental Health Board, the Child and Family Services Secretariat, and Community Development.

The joint service plan will be reviewed and approved on the basis of:

- the eight required components, outlined on pages 7–12 and summarized in Appendix A, page 17
- evidence of the student health partnership's commitment to the student health principles, outlined on page 3.

Approval of the joint service plan will be communicated in writing to the student health partnership within six weeks of submission.

Upon government approval of the plan, the funding allocation will be provided to the partnership.

Student Health Initiative
Project Manager
Telephone: (780) 422-6326
Fax: (780) 422-2039
Toll-free in Alberta
by dialing 310–0000.



4. Joint Annual Report

Joint service planning and annual reporting occurs as a continuous improvement cycle.

4.1 REQUIRED COMPONENTS

The joint annual report is prepared for the 1999/2000 school year and must include the following required components:

- Statement of Accountability
- Major Accomplishments
- Progress Report
- Results Report

Required Components

of the Joint Annual Report

Statement of Accountability

Major Accomplishments

Continuous Improvement

Progress Report

Results Report

Financial Summary

Report

- Continuous Improvement Report
- Financial Summary.

Statement of Accountability

The statement of accountability is:

- signed by the designated representative on behalf of the student health partnership
- confirms the accuracy of the information contained in the report
- confirms the student health partnership's commitment to take actions for continuous improvement, based on the evaluation of results; i.e., where the results do not meet the partnership's expectations
- confirms the student health partnership's commitment to use the new funding for health and related support services only.

Major Accomplishments

The major accomplishments briefly highlight and summarize the achievements of the student health partnership, including achievements in relation to the student health principles, outlined on page 3.

Progress Report

This report focuses on progress in the areas of service priorities, achievement of goals and implementation of strategies specific to the joint service plan.



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Results Report

The results report includes monitoring, evaluation and reporting on all performance measures.

Analysis of the results should identify whether the results were satisfactory, exceeded expectations and/or need improvement. The analysis also should explain any variance between planned and actual achievements.

The results report must include the following data on the number of students who benefited from the Student Health Initiative funding:

- the percentage of students who received more than one student health service
- the percentage of resources allocated to students in ECS-Grade 4 and those in Grades 5-12.

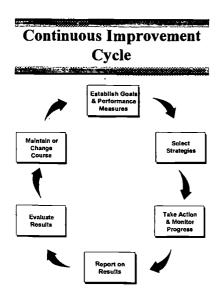
To update data for the student health funding allocation, each school authority (public and separate school jurisdictions, charter schools, private schools, and private ECS operators) in the student health partnership must submit the following information, based on Alberta Education's special education definitions, for the 1999/2000 school year:

- 1. number of students* with mild/moderate disabilities who received student health services
- 2. number of students* with severe disabilities who received student health services
- 3. number of students* in the general student population not identified as having disabilities who received student health services.
- * Note: Students must be counted only once, regardless of the number of types of student health services they received.

Continuous Improvement Report

The continuous improvement report identifies opportunities to further enhance access to and coordination of services, as well as describes emerging issues or needs to be addressed in the next joint service plan.

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Financial Summary

The financial summary must include Form 3: Student Health Partnership Consolidated Annual Financial Report

- The student health partnership must complete and submit this form with the joint annual report.
- This form includes the actual costs of student health service delivery for the 1999/2000 school year and identifies any surplus based on expenditures. See Appendix E, page 21, for the form.

Joint Annual Report Due Date

Year 1: November 1, 2000

Future: November 1

4.2 DEVELOPMENT AND SUBMISSION

The student health partnership must submit, by **November 1, 2000** a joint annual report to the Student Health Initiative 11160 Jasper Avenue, Edmonton, Alberta, T5K 0L2.

4.3 REVIEW

The provincial government partners — Education, Health, Family and Social Services, the Alberta Mental Health Board, the Child and Family Services Secretariat and Community Development — will review each joint annual report.

The partnering provincial government departments will consolidate the information resulting from each joint annual report review and will share the best practices at the Annual Children's Forum and in the Alberta Children's Initiative Annual Report.



Appendix A

Required Components of the Joint Service Plan

St	atement of Accountability	G	pals
	Signed by CEO or equivalent of each partner.	<u> </u>	At a minimum, two required goals are: 1. school-aged children with special health
	Information in the joint service plan is accurate.		needs have access to a range of coordinated health and related support
	Student health partnership is committed to carry out the terms and conditions of the joint service plan.		services to meet their needs 2. school-aged children with special health needs are able to participate fully in their education programs and attain their
Stı	udent Health Partnership Profile		potential.
	Operating name of the student health partnership and mailing address.		Additional goals to address service priorities and student health needs.
	List of each of the partners - school	Do	wformance Managemen and Tauret-
	jurisdictions, regional health authorities,	_	rformance Measures and Targets
	regional offices of the Alberta Mental Health Board, child and family services authorities,		The two required performance measures and targets (outputs) are:
	and other school authorities (charter, private,		percentage of students with special
	private ECS operators).		health needs who are provided services
	List of any other relevant stakeholders.		with a target of an increase in the
	Identify the school jurisdiction designated to		percentage of students served
	receive the funds on behalf of the partnership.		2. number of students who achieve the
	Vision and principles guiding the		goals in their Individualized Program Plans (IPPs), with a target of an
	student health partnership.		increase in the number of students who
C+.	ident Health Needs		achieve the goals in their IPPs.
			Identify additional performance measures
	Number of students assessed with mild/moderate/severe disabling conditions.		and targets.
	Critical risks and needs.	Str	rategies
	Service gaps.		To address the delivery of services,
	Current level of expenditures on student		strategies must identify how the student
	health services by each of the partners.		health partnership will result in:
_	Number of students receiving student health services during the 1998/1999 school year.		improved access to a range of coordinated student health services
	Student health and related support service		 better coordination of student health
	needs which have not been met.		services for children registered in school programs.
Sei	vice Priorities		Additional strategies that are achievable
	Based on an assessment of student health		within available resources, and address the
	needs and service gaps.		identified needs, issues and areas for
	Identify which needs, within the range of		improvement.
	student health services, will be addressed in	Ein	ancial Plan
_	the initial joint service plan.	_	
	Identify the essential characteristics of the		Completed Forms 1 and 2.
	service delivery model; e.g., a coordinated		Any additional financial information.
	approach to service delivery with strong		Submit with the joint service plan.



Appendix B

STUDENT HEALTH SERVICES FINANCIAL PLANNING REPORT

(Each partner must submit this form)

FORM 1

STUDENT HEALTH SERVICES (Students who receive more than one student health service should be reported under each eligible service category.)	Sept. 1998 to Aug. 1999 Estimated Number of Students Served	Sept. 1998 to Aug. 1999 Estimated Student Health Service Delivery Costs
Speech-language Therapy		\$
Physical Therapy		\$
Occupational Therapy		\$
Audiology		\$
Respiratory Therapy		\$
Nursing		\$
Emotional/Behavioural Supports		\$
Other — Please Specify		\$
		\$
·		
Teaching Assistants Who Provide Student Health Services (see page 11)		\$
TOTAL ESTIMATED STUDENT HEALTH SI	ERVICE DELIVERY COSTS (not including administration)	\$ (A)
TOTAL ESTIMATED STUDENT HEALTH	ADMINISTRATION COSTS	
	(see page 7)	\$ (B)
TOTAL ESTIMATED STUDEN	NT HEALTH COSTS (A + B)	\$ (C)
Partner's Signature:		· · · · · · · · · · · · · · · · · · ·
Title:		
Date:		

Appendix C

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FORM 2

(This is a compilation of each partner's financial planning report)

STUDENT HEALTH PARTNERSHIP CONSOLIDATED FINANCIAL PLANNING REPORT

Sept. 1999 to Aug. 2000 <u>@</u> **Projected Student Health Service Delivery Costs** (on behalf of the Student Health Partnership) Projected Projected Projected ₩ B မှ ↔ မာ क 8 8 G Sept. 1999 to Aug. 2000 of Students Served Projected Number Title: Date: Signature: € Sept. 1998 to Aug. 1999 **Estimated Student Delivery Costs Health Service** Estimated Estimated Estimated 3 ပ ₩ ₩ W RECONCILIATION OF FUNDING SOURCES (REVENUE) **FOTAL STUDENT HEALTH COSTS** TOTAL STUDENT HEALTH ADMINISTRATION COSTS (see page 7) TOTAL STUDENT HEALTH SERVICE DELIVERY COSTS B ₩ မာမ ₩ (not including administration) ₩ Sept. 1998 to Aug.1999 of Students Served **Estimated Number** Sept. 1998 to Aug. 1999 (Total Estimated Current Level of Funding) 2. New Student Health Funding Allocation (Sept. 1999 to Aug. 2000) TOTAL FUNDING SOURCES TO COVER PROJECTED STUDENT HEALTH SERVICE DELIVERY COSTS (1 + 2 + 3 + 4) (1+2+3+4)(Sept. 1999 to Aug. 2000) (approximately 4.5 per cent of New 4. Other funding provided by partnership (if applicable) STUDENT HEALTH PROJECTED SURPLUS (C - B) 3. New Student Health Administration Funding student health service should be reported STUDENT HEALTH SERVICES Student Health Services (see page 11) (Students who receive more than one under each eligible service category.) Student Health Funding Allocation) Emotional/Behavioural Supports Teaching Assistants Who Provide Speech-language Therapy Names of all Partners: Other - Please Specify Occupational Therapy Respiratory Therapy Physical Therapy Audiology

Name of Student Health Partnership:

Appendix D

Support to Joint Partners Alberta Community Development Contacts

Field Services

Northern Region

Dale Drummond, Manager 3 Floor, Provincial Building 5025 – 49 Avenue, Box 318 St. Paul, Alberta T0A 3A4 Telephone: (780) 645–6353

Fax: (780) 645–4760

E-mail: Ddrummond@mcd.gov.ab.ca

Yellowhead Region

Dianne Johnson, Regional Manager Provincial Building 4709 – 44 Avenue Stony Plain, Alberta T7N 1N4 Telephone: (780) 963–2281

Fax: (780) 963-7009

E-mail: Djohnson@mcd.gov.ab.ca

Central Region

Doug Balsden, Regional Manager Box 266, Provincial Building 213 – 1 Street West Cochrane, Alberta TOL 0W0 Telephone: (403) 932–2970

Fax: (403) 932–6017

E-mail: Dbalsden@mcd.gov.ab.ca

Southern Region

John Pryde, Regional Manager Room 406, Administration Building 909 – Third Avenue North Lethbridge, Alberta T1H 0H5 Telephone: (403) 381–5231

Fax: (403) 329-8816

E-mail: Jpryde@mcd.gov.ab.ca

Appendix E

STUDENT HEALTH PARTNERSHIP CONSOLIDATED ANNUAL FINANCIAL REPORT

FORM 3

Name of Student Health Partnership:			
STUDENT HEALTH SERVICES (Students who receive more than one student health serv should be reported under each eligible service category.)		Sept. 1999 to Aug. 2000 Actual Number of Students Served	Sept. 1999 to Aug. 2000 Actual Student Health Service Delivery Costs
Speech-language Therapy Physical Therapy Occupational Therapy Audiology Respiratory Therapy Nursing Emotional/Behavioural Supports Other - Please Specify Teaching Assistants Who Provide Student Health Service (see page 11)			\$ \$ \$ \$ \$ \$ \$
TOTAL ACTUAL STUDENT HEALTH SERVICE D		COSTS FOR 1999/2000 ncluding administration)	\$ (A)
TOTAL ACTUAL STUDENT HEALTH ADMINIST	RATION	COSTS FOR 1999/2000 (see page 7)	\$ (B)
TOTAL ACTUAL ST	UDENT H	EALTH COSTS (A + B)	\$ (C)
RECONCILIATION OF Fig. 1. Sept. 1998 to Aug. 1999 (Total Estimated Current Leve			\$
2. New Student Health Funding Allocation (Sept. 1999 to		· -	\$
New Student Health Administration Funding (Sept. 1999) (approximately 4.5 per cent of the New Student Health Funding)	to Aug. 2	000)	\$
4. Other funding provided by the partnership (if applicable)			\$.
TOTAL FUNDING SOURCES TO COVER (September 1999–August 2000)	ACTUAL	STUDENT HEALTH COST (1 + 2 + 3 +	
ACTUAL	STUDENT	HEALTH SURPLUS (D - 0	C) <u></u>
Signature:(on behalf	of the Stude	ent Health Partnership)	_
Title:			
Date:			_



Appendix F

Acknowledgments

Planning Guide Focus Group Participants

- Sharon Anderson, Calgary Regional Health Authority
- Paul Bateman, Word of Life School
- Ernie Cebuliak, Region 6, Child & Family Services Authority
- Anne-Louise Charette, Edmonton Public Schools
- Judy Clark, Headwaters Regional Health Authority
- Lori Cooper, Region 16, Child & Family Services Authority
- Ken Cusworth, Red Deer Catholic Regional Division
- Germaine Dechant, Child & Adolescent Services Association
- Barb Gammon, Palliser Regional Division
- Ken Grayston, Alberta Family & Social Services
- John Griffin, David Thompson Health Authority
- Georgann Hancock, East Central Regional Health Authority
- Gordon Handke, Black Gold Regional Division
- Paul Hasselback, Chinook Health Authority
- Carolyn Irby, Chinook Health Authority
- David Jaipaul, David Thompson Health Authority
- Phyllis Kalmanovitch, Calgary Roman Catholic
 School District
- Kim LaCourse, Renfew Educational Services
- Chris LaForge, Provincial Mental Health Advisory Board
- Henri Lemire, North Central Francophone Education
- Murray Lloyd, Foothills School Division
- Sylvia Loewen, Calgary Regional Health Authority
- David Lynn, Foothills School Division
- Catherine McLeod, GRIT Program
- Janice McTighe, Renfew Education Services
- Jane Manning, Mistahia Health Authority
- Gwen Noble, Alberta Family & Social Services
- Norm Petherbridge, East Central Regional Health Authority
- Janice Popp, Provincial Mental Health Advisory Board
- Max Porisky, Region 4, Calgary Rocky View Child
 & Family Services Authority
- Lorne Radbourne, Grande Prairie School District
- Leanne Reeb, Alberta Family & Social Services
- Robert St. Onge, Rockyview School Division
- Marianne Stewart, Capital Health Authority
- Uma Thakor, Region 4, Calgary Rocky View Child
 & Family Services Authority
- Don Thompson, Provincial Mental Health Advisory Board
- Janet West, Alberta Family & Social Services
- David Young, Parkland School Division

Student Health Provincial Working Group

- Daryl Bertsch, Alberta Family & Social Services
- Yvonne Collinson, Alberta Health
- Marie Currie, Alberta Family & Social Services
- Arlene Drozd, Alberta Family & Social Services
- Cynthia Farmer, Child & Family Services Secretariat
- Brian Kearns, Child & Family Services Secretariat
- Donna Ludvigsen, Alberta Health
- John McDermott, Alberta Family & Social Services
- Deb Maerz, Provincial Mental Health Advisory Board
- Fern Miller, Alberta Health
- Percy Mirochnick, Alberta Education
- Gene Roach, Alberta Community Development

Planning and Reporting Task Group

- Perdita Baier, Alberta Family & Social Services
- Merla Bolender, Alberta Education
- Sharon Campbell, Alberta Education
- Michael Harvey, Alberta Health
- Sue Ludwig, Alberta Health
- Deb Maerz, Provincial Mental Health Advisory Board
- Fern Miller, Alberta Health
- Larry Svenson, Alberta Health
- Dennis Theobald, Alberta Education

Funding Distribution Model Task Group

- Mark Lalumiere, Alberta Education
- Chris Powell, Alberta Health
- Ken Shewchuk, Alberta Family & Social Services

Communications Task Group

- Angela Balec, Alberta Family & Social Services
- Beryl Cullum, Alberta Education
- Marilyn McKinley, Alberta Health
- Bill Rice, Child & Family Services Secretariat

Defining Eligible Services Task Group

- Audrey Burrows, Alberta Education
- Pat Cox, Alberta Education
- Arlene Drozd, Alberta Family & Social Services
- Verlie Gilligan, Alberta Family & Social Services
- Brian Kearns, Child & Family Services Secretariat
- Donna Ludvigsen, Alberta Health
- Deb Maerz, Provincial Mental Health Advisory Board
- Alf Nobert, Alberta Family & Social Services

Planning Guide Writing Team

- Student Health Provincial Working Group
- Barbara Morban, Alberta Education







FUNDING PRINCIPLES

- All partners in the student health partnership must maintain current levels of expenditures on student health services. All partners can allocate other funds to support integrated student health services.
- The student health initiative partnership must use the student health funding for health and related support services for children with special health needs registered in school programs.
- The student health partnership must consolidate new and existing resources to enhance the provision of student health services.
- The student health partnership is accountable for joint management of student health, at the local level, based on the approved joint service plan.
- The student health partnership will be allowed to retain any student health surplus funds; however, these funds must be used for student health services.
- The student health partnership must annually report on the allocation of new and current funding for health and related support services, and achievement of results.

FUNDING PARAMETERS

- Funding for student health services is provided to help ensure that children with special health needs registered in school programs are able to participate fully in their education programs and attain their potential.
- Funding commences in September of the 1999/2000 school year and is allocated on a school year basis.
- School authorities, regional health authorities, the Provincial Mental Health Advisory Board, and child and family services authorities are informed each spring of the government's student health funding to be pooled in student health partnerships.
- The funding allocation model (see page 2) is based on funded children/students in ECS to Grade 12 and is used as a method to allocate the funds to school authorities.
- The student health funding allocation can only be accessed by a student health partnership.
 The funding must be pooled and used as a shared resource by the student health partnership to address priority student health needs.

- All partners need to be involved in decisions relating to the distribution of the pooled funding, based on the partnership's approved joint service plan.
- The formation of a student health partnership is key to the success of the Student Health Initiative and must include at least one of each of the regional authority partners — school jurisdiction (public or separate), regional health authority, regional office of the Alberta Mental Health Board, and child and family services authority. It is expected that other school authorities (charter schools, private schools, private ECS operators) will be part of a student health partnership.
- In the initial formation of the student health partnership, it is expected that school jurisdictions will collaborate in taking the lead to bring together all partners.
- Upon government's approval of the student health partnership's joint service plan, Alberta Education will release the student health funding allocation. The allocation will be released to the school jurisdiction designated by the student health partnership as the "banker" to receive and administer the funds allocated on behalf of the partnership.

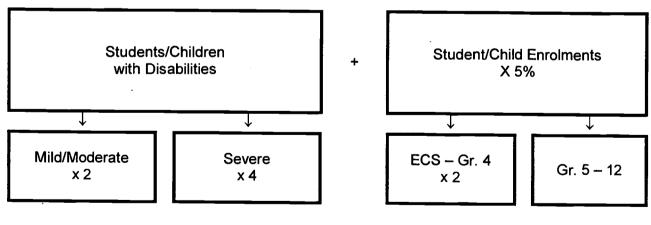
FUNDING ACCOUNTABILITY

- As outlined in the Student Health Partnership Planning Guide: 1999/2000, the student health partnership must develop and submit for approval an annual joint service plan which includes eight components:
 - Statement of Accountability
 - Student Health Partnership Profile
 - Student Health Needs
 - Service Priorities
 - Goals
 - Performance Measures and Targets
 - Strategies
 - Financial Plan.
- As outlined in the Student Health Partnership Planning Guide: 1999/2000, the student health partnership must submit for review a joint annual report, by November 1, 2000 for the 1999/2000 school year.



RATIONALE AND WEIGHTING FACTORS

- The purpose of the Student Health funding is to help fill in the "gaps" and supplement
 funding currently provided to the joint partners at the local level. Since there is currently no
 data available, which specifically identifies student health needs, the model distributes the
 funding based on estimates of students who require student health services.
- As more accurate data becomes available through the joint service plans and annual reports, the funding allocation model will be modified to more accurately distribute the student health funding to where the needs are identified.
- The funding model is based on the understanding that most students who require student
 health services are those with disabilities. The model approximates the number of students
 who require student health services by combining the numbers of students with disabilities
 with a portion of the general student population who also require student health services.
- Students with mild/moderate disabilities are weighted at 2x and students with severe
 disabilities are weighted at 4x. These weightings are based on similar weightings used in
 Education funding (i.e., mild/moderate students are funded at approximately two times the
 level of regular students and severe students are funded at approximately four times the
 level of regular students).
- It is estimated that in addition to students with disabilities, approximately 5 per cent of the general student population may require student health services. The ECS Gr. 4 enrolment population is weighted at 2x to give emphasis to early intervention.
- The joint partners at the local level will decide how the funding will be utilized. The joint partners are in no way obligated to allocate the funding in the same manner in which it is received. Therefore, the joint partners' allocation of funds to the various student groups (i.e., mild, moderate, severe and general enrolment) may not be the same as that reflected in the allocation model.



March 18, 1999



1999-2000 STUDENT HEALTH FUNDING TO BE POOLED IN A STUDENT HEALTH PARTNERSHIP (Estimates based on 1998-99 Data)

CODE	SCHOOL AUTHORITY	Student Health Fun	ding	Administration	Total Funding
CODE	SCHOOL AUTHORITY	based on	_	Funding (4.5%)	Amount
		Funding Model			
	SCHOOL JURISDICTIONS				
2125	Aspen View Regional Division No. 19	\$ 18	5,623	\$ 8,353	\$ 193,976
2285	Battle River Regional Division No. 31		2,575	\$ 18,116	
2245	Black Gold Regional Division No. 18	\$ 310	6,669	\$ 14,250	
1155	Buffalo Trail Regional Division No. 28	\$ 210	5,718	\$ 9,752	
4 010	Calgary RCSSD No. 1	\$ 988	3,832	\$ 44,497	\$ 1,033,329
3030	Calgary School District No. 19	\$ 3,620	3,119	\$ 163,175	\$ 3,789,295
3065	Canadian Rockies Regional Division No.12		0,096	\$ 7,204	\$ 167,300
0053	Chinook's Edge Regional Division No. 73	\$ 579	,258	\$ 26,067	\$ 605,325
4208	Christ the Redeemer CSRD No. 3		,188	\$ 5,453	\$ 126,641
0052	Clearview Regional Division No. 71		,390	\$ 4,068	\$ 94,457
8060	East Central Francophone Education Region No. 3		5,786	\$ 710	\$ 16,496
4330	East Central Alberta CSSRD No. 16		,582	\$ 4,031	\$ 93,613
0018	Edmonton CRD No. 40		,162	\$ 54,412	1
3020	Edmonton School District No. 7		,698	\$ 157,576	1,200,000
0046	Elk Island CSRD No. 41	- 			
2195	Elk Island Public Schools Reg Div No. 14		,429		\$ 181,234
0048	Evergreen CSRD No. 2		,537	\$ 42,009	\$ 976,546
1180	Foothills School Division No. 38		,601	\$ 3,447	\$ 80,048
4160	Fort McMurray RCSSD No. 32		,151	\$ 14,227	\$ 330,377
3260	Fort McMurray School District No. 2833		,947	\$ 7,648	\$ 177,595
1250			,507	\$ 11,273	\$ 261,780
2155	Fort Vermilion School Division No. 52		,808	\$ 4,536	\$ 105,344
4130	Golden Hills Regional Division No. 15		,156	\$ 13,642	\$ 316,798
	Grande Prairie RCSSD No. 28		,616	\$ 4,753	\$ 110,369
3240	Grande Prairie School District No. 2357		,507	\$ 10,553	\$ 245,060
1085	Grande Yellowhead Reg Division No. 35	<u> </u>	,280	\$ 15,808	\$ 367,088
2045	Grasslands Regional Division No. 6		,391	\$ 9,693	\$ 225,084
4077	Greater St. Albert CRD No. 29		,499	\$ 15,412	\$ 357,912
1220	High Prairie School Division No. 48		,522	\$ 9,699	\$ 225,221
0021	Holy Family CRD No. 37	\$204	,697	\$ 9,211	\$ 213,908
4481	Holy Spirit RCSRD No. 4	\$ 221	,871	\$ 9,984	\$ 231,855
1045	Horizon School Division No. 67	\$ 197	,422	\$ 8,884	\$ 206,306
4105	Lakeland RCSSD No. 150	\$ 132	,048	\$ 5,942	\$ 137,990
3040	Lethbridge School District No. 51	\$ 305	,277	\$ 13,737	\$ 319,014
0047	Living Waters CRD No. 42	\$ 110	,735	\$ 4,983	\$ 115,718
1135	Livingstone Range School Division No. 68	\$ 237	,761	\$ 10,699	\$ 248,460
3170	Lloydminster Public School Division	\$111	,247	\$ 5,006	\$ 116,253
4870	Lloydminster RCSSD	\$21	,996	\$ 990	\$ 22,986
4501	Medicine Hat CSRD No. 20	\$ 93	,471	\$ 4,206	\$ 97,677
3050	Medicine Hat School District No. 76	\$ 277	,429	\$ 12,484	\$ 289,913
8040	North Central Francophone Education Reg No. 4	\$ 55	,212	\$ 2,485	\$ 57,697
8050	North West Francophone Education Reg No. 1	\$ 4	,214	\$ 190	\$ 4,404
2275	Northern Gateway Regional Division No. 10		,850	\$ 10,703	\$ 248,554
1245	Northern Lights School Division No. 69	\$ 511	,445	\$ 23,015	\$ 534,460
1280	Northland School Division No. 61		,233	\$ 3,385	\$ 78,618
2255	Palliser Regional Division No. 26		,904	\$ 13,361	\$ 310,264
2305	Parkland School Division No. 70		,752	\$ 15,874	\$ 368,625
1070	Peace River School Division No. 10	_ +		\$ 7,329	\$ 170,195
3345	Peace Wapiti Regional Division No. 33		,605	\$ 15,822	\$ 367,427
1175	Pembina Hills Regional Division No. 7		,857	\$ 14,304	\$ 332,161



1999-2000 STUDENT HEALTH FUNDING TO BE POOLED IN A STUDENT HEALTH PARTNERSHIP (Estimates based on 1998-99 Data)

		Student Health Funding	Administration	Total Funding
CODE	SCHOOL AUTHORITY	based on	Funding (4.5%)	Amount
		Funding Model		
1115	Prairie Land Regional Division No. 25	\$ 76,221	\$ 3,430	\$ 79,651
1055_	Prairie Rose Regional Division No. 8	\$ 199,357	\$ 8,971	\$ 208,328
0019	Red Deer CRD No. 39	\$ 349,056	\$ 15,707	\$ 364,763
3070	Red Deer School District No. 104	\$ 262,023	\$ 11,791	\$ 273,814
1190	Rocky View School Division No. 41	\$ 357,235	\$ 16,076	\$ 373,311
7020	St. Albert PSSD No. 6	\$ 195,405	\$ 8,793	\$ 204,198
2185	St. Paul Education Regional Division No. 1	\$ 188,911	\$ 8,501	\$ 197,412
0020	St. Thomas Aquinas RCSRD No. 38	\$ 130,804	\$ 5,886	\$ 136,690
1110	Sturgeon School Division No. 24	\$ 209,892	\$ 9,445	\$ 219,337
0056	Westwind Regional Division No. 74	\$ 233,222	\$ 10,495	\$ 243,717
2115	Wetaskiwin Regional Division No. 11	\$ 304,372	\$ 13,697	\$ 318,068
1325	Wild Rose School Division No. 66	\$ 301,373	\$ 13,562	\$ 314,935
0054	Wolf Creek Regional Division No. 72	\$ 486,119	\$ 21,875	\$ 507,994
	SCHOOL JURISDICTION TOTALS	\$ 22,866,528	\$ 1,028,994	\$ 23,895,521
	*Private Schools, Private ECS Operators, Charter Schools	\$ 1,433,445	\$ 64,505	\$ 1,497,950
	GRAND TOTAL	\$ 24,299,972	\$ 1,093,499	\$ 25,393,471
	These amounts are estimates based on 1998-99 data as of Mar	ch 26, 1999. Funds distribu	l ted may differ slightl	y based on
_	final 1998-99 data. These funds may only be accessed by joini	ng an eligible Student Health	Partnership.	
	*As private schools, private ECS operators, and charter schools	join a student health partne	rship,	
	these funds will be proportionately added to the pool for the par			
	The school authorities' Student Health Funding amount was det	ermined by taking the total o	utlined in the funding	g model and
	dividing it into the provincial total to express it as a percentage of	of the provincial total, then m	ultiplying this percer	ntage by the
_	total budget allocation (\$24,300,000). Administration funding is	4.5% of the Student Health F	unding amount.	<u> </u>

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Please review and advise Darlene Olenek @ Alberta Education, Special Education Branch — Phone: (780) 422-6326; toll-free by dialling 310-0000/Fax: (780) 422-2039 of errors or emissions.

Page 1 of 4 Draft: April 1999

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Approximation of ways in which boundaries intersect to assist in the formation of the Student Health Partnership.	Chinook R. H. A. Sun Country C& FSA	Palliser Health Authority Southeast Alberta C & FSA	Headwaters Health Authority Windsong C & FSA	Cəlgary R. H. A. Cəlgary Rocky Vlew C & FSA	Health Authority 5 Region # 5 C & FSA David Thompson R. H. A.	Diamond Willow C & FSA	East Central R.H.A. Ribstone C. & F.S.A. Westview R.H.A.	West Yellowhead C & FSA	Crossroads R. H. A. Keystone C. & FSA	Capital Health Authority Ma Mowe Capital Region C & FSA As Mowe Capital Region C & FSA	Sait aw Ashiy (Woodlands) C & FSA	Lakeland R. H. A. Sakaigun Asky C & FSA	Mistahia R.H.A. A24 & 3 E1# notigeA	Peace R. H. A. Region #14 C & FSA Keeweetinok Lakes R. H. A.	Northern Lights R.H.A.	A27 & 3 at a noige?	Northwestern Health Senices Region Region #17 C & FSA	A27 & O atnoments C & FSA
Foothills School Division No. 38			×												-			
Fort McMurray Roman Catholic Separate School District No. 32																×		T^{T}
Fort McMuray School District No. 2833																×		
Fort Vermilion School Division No. 52																	×	
Golden Hills Regional Division No. 15					×	×						_						
Grande Prairie Roman Catholic Separate School District No. 28													×					
Grande Prairie School District No. 2357													×					
Grande Yellowhead Regional Division No. 35								×				×						
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Greater St. Albert Catholic Regional Division No. 29										×	×					-		
High Prairie School Division No. 48														×	×			X
Holy Family Catholic Regional Division No. 37													×	×	×		×	X
Holy Spirit Roman Catholic Separate Regional Division No. 4	×			_								_		_				

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Lakeland Roman Catholic Separate School District No. 150

Horizon School Division No. 67

Lethbridge School District No. 51



		Region 18	etis Settlements C & FSA
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Headwaters Health Ar Windsong C & FSA	- 1	×										×				
Palliser Health Auth Southeast Alberta C &					×	×						-				
Chinook R. H. A.		×										×				
Intersect to assist in the formation of the Student Health Partnership.	Living Waters Catholic Regional Division No. 42	Livingstone Range School Division No. 68	Lloydminister Catholic	Lloydminister Public	Medicine Hat Catholic Separate Regional Division No. 20	Medicine Hat School District No. 76	North Central Francophone Education Region No. 4	Northern Gateway Regional Division No. 10	Northern Lights School Division No. 69	Northland School Division No. 61	Northwest Francophone Education Region No. 1	Palliser Regional Division No. 26	Parkland School Division No. 70	Peace River School Division No. 10	Peace Wapiti Regional Division No. 33	Pembina Hills Regional Division No. 7

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Approximation of ways in which boundaries intersect to assist in the formation of the Student Health Partnership.	Chinook R. H. A.	Palliser Health Authority Southeast Aberta C & FSA	Headwaters Health Authority ASA & D gnosbrilW	Calgary R. H. A. Calgary Rocky View C & FSA	Health Authority 5 Region # 5 C & FSA	David Thompson R. H. A. Diamond Willow C & FSA	East Central R.H.A. Ritbstone C. & F.S.A.	Westview R.H.A. West Yellowhead C & FSA	Crossroads R. H. A. Keystone C & FSA	Capital Health Authority As A Son Capital Region C & FSA	Aspen R. H. A. Sak aw-Astiy (Woodlands) C& FSA	Lakeland R. H. A. Sakaigun Asky C & FSA	Mistahia R.H.A. Region #13 C & FSA	Peace R. H. A. Region #14 C & FSA	Keeweelinok Lakes R. H. A. Neegan Awas'sak C& FSA	Northem Lights R.H.A. Region #16 C & FSA	Northwestern Health Services Region Region #17 C & FSA	AS4 & O atnomotto & a FSA
Prairie Land Regional Division No. 25					×		×							-				
Prairie Rose Regional Division No. 8		×			×													
Red Deer Catholic Regional Division No. 39						×												
Red Deer School District No. 104						×												

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Wetaskiwin Regional Division No. 11

Wild Rose School Division No. 66

Wolf Creek School Division No. 72

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St. Thomas Aquinas Roman Catholic Separate Regional Division No. 38

Sturgeon School Division No. 24 Westwind School Division No 74

St. Albert Protestant Separate School District No. 6 St. Paul Education Regional Division No. 1

Rocky View School Division No. 41

CHARTER

Name	Telephone #	city
Action for Bright Children (Calgary Society)	(403) 217-0426	Calgary
Almadina School Society	(403) 543-5070	
Foundations for the Future Charter Academy Charter School Society	(403) 243-3316	• .
Aurora Charter School Ltd.	(780) 930-5502	Edmonton
Suzuki Charter School Society	(780) 468-2598	Edmonton
The Boyle Street Service Society	(780) 424-4106	Edmonton
Moberly Hall School Society	(780) 743-8409	Fort Mcmurray
CAPE - Centre for Academic and Personal Excellence Institute	(403) 528-2983	•
Education for the Gifted Society of Strathcona County	(780) 467-6409	Sherwood Park



PRIVATE SCHOOLS

Name	Telephone #	City
Airdrie Koinonia Christian School Society	(403) 948-5100	•
Banff Mtn Ski Academy Society	(403) 762-5287	
40-Mile Christian Education Society	(403) 545-2107	
Brant Christian School Society	(403) 684-3752	
Newell Christian School Society	(403) 378-3991	Brooks
383385 Alberta Ltd.	(403) 229-0386	Calgary
Alberta Charitable Society of St. Pius X	(403) 233-0031	Calgary
Association for Christian Schooling in Calgary South	(403) 254-6682	Calgary
Banbury Crossroads School Society	(403) 270-7787	Calgary
Calgary Chinese Cultural Cen	(403) 262-5071	Calgary
Calgary Chinese Public School Society	(403) 264-2233	Calgary
Calgary French School Society	(403) 240-1500	Calgary
Calgary Quest Children's Society	(403) 253-0003	Calgary
Calgary Society for Christian Education	(403) 242-2896	Calgary
Calgary Society for Effective Education of Learning Disabled	(403) 686-6444	Calgary
Calgary Waldorf School Society	(403) 287-1868	Calgary
Canadian Reformed School Society of Calgary	(403) 590-5881	Calgary
Clear Water Academy Foundation	(403) 217-8448	Calgary
Congregation House of Jacob - Mikveh Israel	(403) 258-1312	Calgary
Delta West Academy	(403) 290-0767	Calgary
Equilibrium International Education Institute	(403) 283-1111	Calgary
Foothills Academy Society	(403) 270-9400	
Froebel Kindergarten Society of Alberta	(403) 285-1395	Calgary
GCA Educational Society	(403) 254-9050	Calgarý
Heritage Christian Academy Foundation	(403) 219-3201	Calgary
Heritage Christian School Society	(403) 295-2566	Calgary
Integro Youth Counselling Services Ltd. 51250599	(403) 287-9597	Calgary
Janus Academy Society	(403) 241-6968	Calgary
Joshua Christian School Society 50718350	(403) 250-2519	Calgary
Learning Experience Society	(403) 256-1417	Calgary
Lycee Louis Pasteur Society	(403) 243-5420	Calgary
Master's Academy Educational Society	(403) 242-7034	Calgary
Mennonite Education Society of Calgary	(403) 531-0745	Calgary
Montessori School of Calgary	(403) 229-1011	Calgary
Mountain View Academy Society	(403) 217-4346	Calgary
Muslim Community Foundation of Calgary	(403) 248-2773	Calgary
North Calgary Christian Academy Foundation	(403) 282-3405	Calgary
Prince of Peace Lutheran Church of Calgary	(403) 285-2288	Calgary
Renfrew Educational Services	(403) 291-5038	Calgary
Rundle College Society	(403) 291-3866	Calgary
The Calgary Jewish Academy	(403) 253-3992	Calgary
The Canadian Montessori Association(1983)	(403) 252-3281	Calgary
The Chinese Academy Foundation 50725462	(403) 777-7663	Calgary
The Timothy Centre for Scholarship Ltd.	(403) 230-0702	Calgary
The Western Canadian District of the Christian and Missionary		
Alliance		Calgary
Third Academy International 51715273	(403) 288-5335	Calgary



Truth Church of Calgary (403) 289-7570 Calgary Webber Academy (403) 277-4700 Calgary West Island College Society of Alberta (403) 255-5300 Calgary Canmore Society for Community Education (The) (403) 609-2105 Canmore Living Faith Evangelistic Association (403) 722-2225 Caroline Evangelical Free Church of Champion, Alberta (403) 897-3019 Champion Coaldale Canadian Reformed School Society (403) 345-4055 Coaldale **Lakeland Christian School Society** (780) 639-2077 Cold Lake Trinity Christian School Association (780) 594-2205 Cold Lake Canadian University College (403) 342-5044 College Heights **Devon Christian School Society** (780) 987-4157 Devon Koinonia Christian Education Society (403) 335-9587 Didsbury Alberta Centre for Chinese Studies (780) 453-3968 Edmonton Alberta College (780) 428-1851 Edmonton Bosco Homes A Society For Children And Adolescents (780) 440-0708 Edmonton Canadian Reformed School Society of Edmonton (780) 444-6443 Edmonton Concordia University College of Alberta (780) 479-8481 Edmonton Darul Uloom Al Islamiyah Foundation (780) 463-8913 Edmonton **Edmonton Academy Society for Learning Disabled** (780) 482-5449 Edmonton Edmonton Islamic School Society (780) 451-6694 Edmonton Elves Special Needs Society (780) 454-5310 Edmonton **Independent Baptist Christian Education Society** (780) 447-4388 Edmonton Meadowlark Christian School (780) 483-6476 Edmonton Millwoods Christian School (780) 462-2627 Edmonton **Progressive Academy Education Society** (780) 455-8344 Edmonton St. Luke's Collegiate Institute Inc. (780) 454-9366 Edmonton Tempo School (780) 434-1190 Edmonton The Edmonton Lutheran School Society (780) 474-0063 Edmonton The Edmonton Society for Christian Education (780) 476-6281 Edmonton Universal Educational Institute (780) 451-1848 Edmonton Victory Christian School Society (780) 413-0322 Edmonton The North and Central Peace Christian School Society (780) 835-2706 Fairview Fort McMurray Christian School Society (780) 743-1079 Fort McMurray **Tabernacle of Praise Pentecostal Church** (780) 743-8729 Fort McMurray Christian Education Association of Alberta (780) 998-7044 Fort Saskatchewan Maranatha Christian Academy Fellowship (780) 622-2393 Fox Creek Grande Prairie and District Society for Christian Education (780) 539-4566 Grande Prairie Hillcrest Christian School Society (780) 539-9161 Grande Prairie High Level Christian Education Society (780) 926-2360 High Level Lesser Slave Lake North Country Community Association (780) 776-2215 Joussard Cornerstone Christian Academy of Camrose (780) 672-7197 Kingman Central Alberta Christian High School Society (403) 782-4535 Lacombe The Lacombe Christian School Society (403) 782-6531 Lacombe Leduc Society for Christian Education (780) 986-8353 Leduc Lethbridge Christian School Society (403) 320-0677 Lethbridge **Providence Christian School Society** (403) 381-4418 Lethbridge The Society for Christian Education in Southern Alberta (403) 327-4223 Lethbridge Cornerstone Christian School (403) 529-6169 Medicine Hat Medicine Hat Christian School (403) 526-3246 Medicine Hat



Christian School of the Netherlands Reformed Congregations of Lethbridge and Fort McLeod (403) 381-3030 Monarch Morinville Christ Fellowship (780) 939-2987 Morinville Canadian Reformed School Society of Neerlandia (780) 674-4774 Neerlandia **Edison School Society** (403) 938-7595 Okotoks Strathcona Tweedsmuir Sch (403) 938-4431 Okotoks Horizon School Committee (403) 556-6310 Olds Olds Koinonia Christian School Society (403) 556-4038 Olds Ponoka Christian School Society (403) 783-6563 Ponoka Alberta Conference of 7th Day Adventist Church (403) 342-5044 Red Deer Koinonia Christian School - Red Deer Society (403) 346-1818 Red Deer -Parkland Community Living and Supports Society (403) 347-3333 Red Deer Red Deer Christian School Society (403) 346-5795 Red Deer Word of Life School Society (403) 343-6510 Red Deer The Rimbey Christian School Society (403) 843-3904 Rimbey The Rocky Christian School Society (403) 845-3516 Rocky Mountain House Living Waters Christ Academy (780) 962-3331 Spruce Grove The Life Values Society For Effective Education (780) 645-4490 St. Paul St. Matthew Evangelical Lutheran Church of Stony Plain, Alberta (780) 963-2715 Stony Plain The Company of the Cross (Alberta) (780) 789-4826 Stony Plain Olds Mountain View Christian School Association (403) 556-1116 Sundre Lighthouse Christian School Society (403) 887-2166 Sylvan Lake Prairie Bible Institute Act (403) 443-3026 Three Hills **Bethel Christian Academy** (403) 694-3924 Wanham Lucy Baker School Society (780) 848-2568 Warburg



Private ECS Name Telephone # City Acadia Valley ECS (403) 565-2244 Acadia Valley Alliance & District ECS Society (780) 879-3844 Alliance Arrowwood and District E.C.S. Society (403) 534-3825 Arrowwood **Barons Kindergarten Association** (403) 757-3855 Barons **Bashaw Early Learning Centre** (780) 372-9092 Bashaw Bawlf E.C.S. Society (780) 373-3775 Bawlf Berwyn Kindergarten Society (780) 338-3750 Berwyn **Empress Early Childhood Services Society** (403) 379-2294 Bindloss Blue Ridge Tiny Tots School (780) 648-3938 Blue Ridge Bonanza & District Kindergarten Society (780) 353-2635 Bonanza **Bragg Creek Education Services Association** (403) 949-3939 Bragg Creek A Spoonful of Sugar Early Childhood Education Association (403) 251-5411 Calgary Bearspaw Pre-School Society (403) 239-4040 Calgary Children's Education Society (403) 282-1713 Calgary Child's Way E.C.S. Association (403) 233-8024 Calgary Churchill Park Family Care Society (403) 297-4998 Calgary Coral Springs Child Care Society (403) 285-2467 Calgary Dalhousie Community Association (403) 288-1050 Calgary E.C.S. Learning Association of Calgary (403) 225-0600 Calgary **Edelweiss Preparatory School Society** (403) 210-3456 Calgary Foothills Creative Beginnings Preschool and E.C.S. Associatio (403) 239-8072 Calgary Four Directions Foster Parent Association of Calgary (403) 273-4026 Calgary Glamorgan Comm ECS Institute (403) 242-8694 Calgary **GRIT Calgary Society** (403) 215-2444 Calgary Highwood Community E.C.S. Association (403) 289-9329 Calgary Hounsfield Heights-Briar Hill Community (403) 289-7066 Calgary **Huntington Hills Community Association** (403) 275-6666 Calgary Marlborough Day Nursery Early Childhood Services (403) 272-3703 Calgary Montessori Education Preschool & ECS Institute of Alberta (403) 255-8664 Calgary Mount Royal College Day-Care Society (403) 240-6410 Calgary P.A.C.E. Rehabilitation Society for Children with Motor Disabilit (403) 234-7876 Calgary Providence Child Dev Soc (403) 255-5577 Calgary Salvation Army Child Village (403) 246-1124 Calgary The Heartland Agency (403) 541-0277 Calgary The Prep Program - A Calgary Society to Promote Education f (403) 282-5011 Calgary The Society For Treatment of Autism (Calgary Region) Housin (403) 253-2291 Calgary Thornhill Child Care Society (403) 274-2335 Calgary University Day Care Society



Westview Baptist Church of Calgary, Alberta

Caroline Early Childhood Centre Committee

Cereal Early Childhood Service Association

Woodbine DayCare ECS Associatio

Camrose Children's Center

Sifton E.C.S. Society

Captain Crunch College

Midway E.C.S. Society

Castor Early Childhood Society

(403) 220-3303 Calgary

(403) 239-1114 Calgary

(403) 281-4997 Calgary

(780) 672-0131 Camrose

(780) 672-1071 Camrose

(403) 722-3918 Caroline

(403) 337-2888 Carstairs

(403) 882-3300 Castor

(403) 326-3757 Cereal

(403) 643-3565 Carmangay

Champion Kindergarten Association	(403)	897-3066	Champion
Clandonald ECS Association		853-2122	Clandonald
Golden Rule Pre-School E.C.S. Society		932-5139	Cochrane
Westbrook (ECS) Association	٠,	932-6501	Cochrane
Darwell E C Educ Services	• •	892-3233	Darwell
Dewberry Early Chilhood Parents Society	٠,	847-2853	Dewberry
Duchess Early Childhood Development Organization		378-4241	Duchess
Edberg/Meeting Creek ECS Society		877-2664	Edberg
ABC Head Start Society	٠,	461-5353	Edmonton
Beverly Day Care Society & Family Resource Centre		477-1151	Edmonton
Community Day Nursery	• •	424-3730	Edmonton
Community Options - A Society for Children and Families	. ,	455-1818	Edmonton
Connect Society DEAF Services		454-9581	Edmonton
Department of Elementary Education University of Alberta		492-2811	Edmonton
Family Linkages Foundation of Alberta		488-7679	Edmonton
First Mennonite Church		436-1823	
Glenora Child Care Society		452-1991	Edmonton
Grant MacEwan Community College		497-4100	Edmonton
H.O.M.E.S. Home Opportunities for Multi-Handicapped Educati			Edmonton
Jasper Place Child Care Society		489-2243	Edmonton
Londonderry Child Development Society		473-7960	
Norwood Community Service Centre		471-3737	Edmonton
Oliver School Center for Child		482-2116	Edmonton
		469-0663	Edmonton
Students' Union of the University of Alberta and Community Da			Edmonton
		424-6872	Edmonton
West End Day Care Society		451-5691	Edmonton
Young Men's Christian Association		423-9600	Edmonton
		397-2243	Edson
		352-0266	Falun
		878-3368	Hay Lakes
		889-2189	Heisler
		856-2049	Hughenden
		227-4295	Innisfail
		592-3963	Innisfree
		935-4860	Irricana
		898-3775	Jenner
		935-4588	Kathyrn
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		381-2626	Lethbridge
		320-1353	Lethbridge
		327-5271	Lethbridge
- ·		328-3020	Lethbridge
		328-5553	Lethbridge
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		792-3686	Lomond
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	Southview Kid Kamp Day Care As	(403)	529-9221	Medicine Hat
	Milo Alphabets Kindergarten Society	(403)	599-2103	Milo
	Mirror ECS Society	(403)	788-3800	Mirror
٠	Nampa & District Kindergarten Society	(780)	322-3940	Nampa
	Nordic Community ECS Society	(780)	855-3921	New Norway
	Reed Ranch Limited	(403)	556-2429	Olds
	Oyen Early Childhood Services	(403)	664-3744	Oyen
	Local Advisory Committee For Bluebird Kindergarten	(780)	745-2479	Paradise Valley
	Peace River Kind Society	(780)	624-1445	Peace River
	Raymond Kindergarten Society	(403)	752-3050	Raymond
	Expression's ECS Society East	(403)	340-8711	Red Deer
	Lotsa Tots Early Childhood Society	(403)	343-8472	Red Deer
	Red Deer College		357-3600	
	Rocky Mountain House French Immersion Kindergarten Societ	(403)	845-4962	Rocky Mountain House
	Rosalind Early Childhood Society	(780)	375-3916	Rosalind
	Kingman-Round Hill Child Development Centre	(780)	662-2039	Round Hill
	The Schuler Early Childhood Service	(403)	839-3732	Schuler
	New Brigden Early Childhood Services Association	(403)	664-2950	Sedalia
	Sedgewick Early Childhood Centre	(780)	384-2266	Sedgewick
	Sherwood Park Kindergarten	(780)	467-5644	Sherwood Park
	St. Albert Day Care Society	(780)	459-5380	St. Albert
	Strome Early Childhood Services Society	(780)	376-3504	Strome
	Sylvan Lake Kinder-Care Association	(403)	887-5330	Sylvan Lake
	Tulliby Lake Educational Found	(780)	847-2666	Tulliby Lake
	Turner Valley ECS	(403)	933-3565	Turner Valley
	The Community Association for Lasting Success	(780)	632-3225	Vegreville
	Warner Early Childhood Services	(403)	642-2372	Warner
	Rosebrier Early Childhood Services	(780)	352-6843	Wetaskiwin
	Winfield Child Development Association	(780)	682-2288	Winfield
	Youngstown Kinder Association	(403)	779-3820	Youngstown







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